

# Moving Checklist

## As soon as you know when and where you will move:

- ☐ Contact your child's health insurance plan
- ☐ Ask all current health care providers to make referrals to new providers
- ☐ Contact the phone company for a phone book
- ☐ Contact local emergency medical services (EMS)
- ☐ Contact the local school system
- ☐ Contact the State Department of Education to learn about special education
- ☐ Contact the State Department of Public Health to learn about programs for children with special health needs
- ☐ Contact the Chamber of Commerce for information about your new community
- ☐ Visit the area and video tape it if possible
- ☐ Contact your current medical equipment supplier
- ☐ Learn about religious organizations and other special interest organizations in your area
- ☐ Locate a pharmacy that accepts your health insurance
- ☐ Contact parent organizations and support groups in the area
- ☐ Call another parent from the area

## Two weeks before moving:

- ☐ Get new written prescriptions from your child's health care providers
- ☐ Contact new school again
- ☐ Send school reports
- ☐ Send medical records to new health care providers
- ☐ Notify electric company of moving date
- ☐ Call phone company to set up new phone number
- ☐ Call medical equipment supplier

## Two days before moving:

- ☐ Refill prescriptions
- ☐ Make sure electricity is on in your new home
- ☐ Make sure phone is on in your new home
- ☐ Check supplies for trip
- ☐ Call new medical equipment supplier

## Do you have copies of:

- ☐ Medical records
- ☐ School records
- ☐ IEPs, IFSPs, IHCPs, and other care plans
- ☐ Shots and immunization records
- ☐ List of medical supplies used
- ☐ Prescriptions
- ☐ Health insurance card
- ☐ Letter from PCP and specialty providers explaining your child's condition

## New phone numbers:

Hospital\_\_\_\_\_

Health Care

Provider(s)\_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

EMS\_\_\_\_\_

Fire Department\_\_\_\_\_

Police Department\_\_\_\_\_

Electric Company\_\_\_\_\_

Phone Company\_\_\_\_\_

Gas/Oil Company\_\_\_\_\_

School\_\_\_\_\_

Parent Support Group/Organizations\_\_\_\_\_

State Department of Education\_\_\_\_\_

State Department of Public Health\_\_\_\_\_

Equipment Supplier\_\_\_\_\_

Pharmacy\_\_\_\_\_

House of Worship\_\_\_\_\_

Other\_\_\_\_\_